

Staple Issue Sign Here

*Line 33*

POSITION	ID NO.	DATE
CLASSIFIER	20	4/11/95
EXAMINER	110	4/13/95
TYPIST	AS	5-27
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

### INDEX OF CLAIMS

Claim	Date
1	10
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SYMBOLS

✓	Rejected
■	Allowed
- (Through number)	Canceled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
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